

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/09/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G255		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/05/2020	
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 154 CHAD DR VERSAILLES, IN 47042			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 0000  Bldg. 00	<p>This visit was for a PCR (Post Certification Revisit) to the pre-determined full recertification and state licensure survey and to the investigation of complaint #IN00311424 completed on 12/10/19.</p> <p>Complaint #IN00311424: Not corrected.</p> <p>Dates of Survey: 2/4/20 and 2/5/20.</p> <p>Facility Number: 000775 Provider Number: 15G255 AIM Number: 100248960</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/12/20.</p>			W 0000			
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview for 8 of 8 clients living in the group home (A, B, C, D, E, F, G and H), the facility's governing body failed to exercise operating direction over the facility by failing to ensure the bathroom flooring was maintained in good repair for clients A, B, C, D, E, F, G and H.</p> <p>Findings include:</p> <p>Observation was completed on 2/4/20 from 4:02 PM to 5:08 PM. The observation indicated the</p>			W 0104	<p><b>W104:</b> The governing body must exercise general policy, budget and operating direction over the facility. <b>Corrective Action:</b> ·Maintenance Request submitted to Aramark for repair/replacement of bathroom #3 flooring and sub floor issues. <b>(Attachment A)</b> ·Aramark obtained estimates to replace/repair the flooring and sub</p>		03/06/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>following:</p> <p>-At 4:02 PM, clients A, B, C, D, E, F and H entered the home after returning from work. Client G was participating in a community outing with staff #3.</p> <p>-At 4:06 PM, staff #2 was asked if the home had a new electric stove and dishwasher. Staff #2 stated, "Yeah". Staff #2 was asked if the bathroom floor had been repaired and stated, "He (maintenance) fixed it once and one of the guys took a shower and it ended up like it is". Staff #2 took the surveyor to the bathroom. The bathroom door had two large pieces of tape across it with a sign which read, "Out of Order". Upon opening the door, the door stuck and would not open and shut properly. In front of the shower was newly installed vinyl flooring which had a large 5 inch hump with a crack through the flooring. Staff #2 was asked how the hump in the floor occurred. Staff #2 stated, "We don't know how it happened". Staff #2 was asked if she believed the hump in the flooring in front of the shower was 5 inches in height and stated, "It's a small mountain". Staff #2 was asked if she knew when more work would be completed to repair the bathroom flooring. Staff #2 indicated she was not aware of a date and time for further repair.</p> <p>On 2/4/20 at 1:24 PM, the Program Manager was interviewed. The Program Manager was asked about environmental repairs. The Program Manager indicated the electric stove and dishwasher had been replaced, however the bathroom was still not operational. The Program Manager stated, "The deadline to fix it was 1/9/20. They (Maintenance Company) sent a Maintenance Tech who tore out half the floor. The temporary fix didn't work. It's not functional. They (Maintenance Company) have 2 quotes to</p>				<p>floor in bathroom #3. <b>(Attachment B)</b> ·Area Supervisor completes weekly checks at the facility to monitor for outstanding environmental issues/concerns. <b>(Attachment C)</b> ·Site reviews conducted monthly by Rescare Management which includes ensuring there are no outstanding environmental issues or concerns. <b>(Attachment D)</b> ·Program Manager monitors Aramark portal for monitoring and to ensure timely completion of all work orders.</p> <p><b>Monitoring of Corrective Action:</b> ·Residential Manager submits weekly check to the Area Supervisor and Program Manager to ensure completion. ·Area Supervisor submits weekly check to the Program Manager to ensure completion. ·Program Manager submits all maintenance requests to Aramark and will follow up and monitor to ensure completion. ·Program Manager monitors Aramark portal weekly to ensure all work orders are completed.</p> <p><b>Completion Date: 3/6/20</b></p>		

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	<p>replace the bathroom flooring and waiting on a 3rd quote".</p> <p>This deficiency was cited on 12/10/19. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p>						